

The Commissioner is authorized to charge any underpayment or credit any overpayment to Deposit Account No. 50-0890 for any matter in connection with this response, including any fee for extension of time, which may be required.

Respectfully submitted,

Date: December 24, 2001

By: Gerald B. Rosenberg
Gerald B. Rosenberg
Reg. No. 30,320

285 Hamilton Avenue, Suite 520
Palo Alto, California 94301
Telephone: 650.325.2100

04 @ 0 #6

United State Patent and Trademark Office
Commissioner for Patents
Att: Box Missing Parts

May 15, 2002

1. Re: Your Notices of Incomplete reply from 3/25/02 for Application number
(nonprovisional):
10/035,987 ✓
10/036,193

Please note that on April 12, 02 we submitted credit card payment of \$65 per application for Declaration surcharge via fax to phone number 703-308-7751. The above payment has not been received till today.

I assume that the reason is, since it arrived 12 days pass the deadline of 3/29/02 and 4/1/02 for respectively.

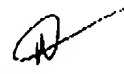
Enclosed please find payment for \$265 for each application as the payment fall under the extension for reply with in second month.

2. Re: Your Notice of Missing parts from 3/25/02 Application number
(nonprovisional):
10/035,981

Please note that on April 12, 02 we submitted payment by credit card for Declaration surcharge via fax to your phone number 703-308-7751 as given to us by Ms. Alicia Evens. This payment according to your above Notice is still within the time limit, as such please accept the \$65.00.

If there is any way you can confirm receipt of this letter by fax or email I would greatly appreciate it. The mail to Israel can get lost or severely delay and we would not like to fall to the third month extension

Sincerely


Isaac Levanon
3 Nacahl Besor
Ramat Hasharon 47204
Israel
IsaacI@2flyover.com
Ph: 1-972-3-5499405



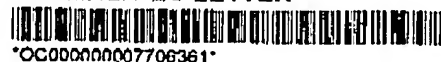
UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20531
www.uspto.gov

APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/035,987	12/24/2001	Isaac Levanon	FL VT3001

CONFIRMATION NO. 3638

FORMALITIES LETTER



000000007706361

Isaac Levanon
3 Nachal Besor St.
Ramat Hasharon, 47204
ISRAEL

Date Mailed: 03/25/2002

NOTICE OF INCOMPLETE REPLY (NONPROVISIONAL)

Filing Date Granted

The U.S. Patent and Trademark Office has received your reply on 03/21/2002 to the Notice to File Missing Parts (Notice) mailed 01/29/2002 and it has been entered into the nonprovisional application. The reply, however, does not include the following items required in the Notice.

The period of reply remains as set forth in the Notice. You may, however, obtain EXTENSIONS OF TIME under the provisions of 37 CFR 1.136 (a) accompanied by the appropriate fee (37 CFR 1.17(a)).

A complete reply must be timely filed to prevent ABANDONMENT of the above-identified application.

The required items noted below SHOULD be filed along with any items required above. The filing date of this nonprovisional application will be the date of receipt of the items required above.

- Late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$65 was not received.
- The balance due by applicant is \$ 65.

*A copy of this notice **MUST** be returned with the reply.*

Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)
265

Complete If Known

Application Number: 10/035,987
Filing Date: 12.24.2002
First Named Inventor: ISAAC LEVANO
Examiner Name:
Group Art Unit:
Attorney Docket No.:

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit card ☐ Money Order ☐ Other ☐ None
☐ Deposit Account:
Deposit Account Number:
Deposit Account Name:

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments
☐ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity / Small Entity		Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
101 740	201 370	Utility filing fee	
108 330	208 165	Design filing fee	
107 510	207 255	Plant filing fee	
108 740	208 370	Reissue filing fee	
114 160	214 80	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Extra Claims Fee from below Fee Paid
Total Claims Independent Claims Multiple Dependent
20** 3** X X =

Large Entity / Small Entity		Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
103 18	203 9	Claims in excess of 20	
102 84	202 42	Independent claims in excess of 3	
104 280	204 140	Multiple dependent claim, if not paid	
109 84	209 42	** Reissue independent claims over original patent	
110 18	210 9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity / Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65			Surcharge - late filing fee or oath	65
127 50	227 25			Surcharge - late provisional filing fee or cover sheet	
139 130	139 130			Non-English specification	
147 2,520	147 2,520			For filing a request for ex parte reexamination	
112 920*	112 920*			Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*			Requesting publication of SIR after Examiner action	
115 110	215 55			Extension for reply within first month	
118 400	218 200			Extension for reply within second month	800
117 920	217 460			Extension for reply within third month	
118 1,440	218 720			Extension for reply within fourth month	
128 1,960	228 980			Extension for reply within fifth month	
119 320	219 160			Notice of Appeal	
121 320	221 160			Filing a brief in support of an appeal	
121 280	221 140			Request for oral hearing	
136 1,510	136 1,510			Petition to institute a public use proceeding	
140 110	240 55			Petition to revive - unavoidable	
141 1,280	241 640			Petition to revive - unintentional	
142 1,280	242 640			Utility issue fee (or reissue)	
143 480	243 240			Design issue fee	
144 620	244 310			Plant issue fee	
122 130	122 130			Petitions to the Commissioner	
123 50	123 50			Processing fee under 37 CFR 1.17(q)	
126 180	126 180			Submission of Information Disclosure Stmt	
581 40	581 40			Recording each patent assignment per property (times number of properties)	
148 740	248 370			Filing a submission after final rejection (37 CFR § 1.129(a))	
149 740	249 370			For each additional invention to be examined (37 CFR § 1.129(h))	
179 740	279 370			Request for Continued Examination (RCE)	
109 900	169 900			Request for expedited examination of a design application	

Other fee (specify):

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)
265

SUBMITTED BY

Name (Print type): Nurit LEVANO
Signature: [Signature]

Registration No. (Attorney/Agent):

Complete (if applicable)

Telephone: 1-972-3-54745
Date: 5.15.02

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Credit Card Account #: 3755 140911 10327

Credit Card Expiration Date: 01/04

Name as it Appears on Credit Card: ISAAC LEVANON FLYOVER TECHNOLOGIES LTD

Payment Amount: \$(US Dollars): \$65.00

Signature: 

Date: April 12, 2002

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Street Address 2:

City: Ramat Hasharon

State:

Zip/Postal Code: 47204

Country: ISRAEL

Daytime Phone #: +972-54-905-818

Fax #: +972-3-547-4547

Request and Payment Information

Description of Request and Payment Information:

Patent Fee	Patent Maintenance Fee	Trademark Fee	Other Fee
Application No.	Application No.	Serial No.	IDON Customer No.
Patent No.	Patent No.	Registration No.	399545
Attorney Docket No.		Identify or Describe Mark	Surcharge
			Patent #
			10/035-987

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0403 #6
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I assume that the reason is, since it arrived 12 days pass the deadline of 3/29/02 and 4/1/02 for respectively it fell short by \$55 due for Extension for reply within first month.

Enclosed please find payment for \$265 (65 +200) for each application as the payment fall under the extension for reply with in second month.

If on the other hand you do accepts 4/12/ 02 as payment date please charge the credit card for \$115 (65+ 55) for each application. I marked the Fee Transmittal form for credit overpayment

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United States Patent & Trademark Office

Credit Card Payment Form

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Credit Card Information			
Credit Card Type:	Visa	MasterCard	American Express <input checked="" type="checkbox"/> Discover
Credit Card Account #:	3755 140911 10387		
Credit Card Expiration Date:	01/04		
Name as it Appears on Credit Card:	ISAAC LEVAVON		
Payment Amount: \$(US Dollars):	\$265		
Signature:			Date: 5.15.02
<p>Refund Policy: The Office may refund a fee paid by mistake or in excess of that required. A change of purpose after the payment of a fee will not entitle a party to a refund of such fee. The Office will not refund amounts of twenty-five dollars or less unless a refund is specifically requested, and will not notify the payor of such amounts (37 CFR 1.26). Refund of a fee paid by credit card will be via credit to the credit card account.</p> <p>Service Charge: There is a 50.00 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21(m)).</p>			
Credit Card Billing Address			
Street Address 1: 3 Nachal Besor			
Street Address 2:			
City: Ramat Hasharon			
State:		Zip/Postal Code: 47204	
Country: ISRAEL			
Daytime Phone #: 1-972-3-5494405		Fax #: 1-972-3-5474547	
Request and Payment Information			
Description of Request and Payment Information:			
Fee Code: 205 & 206 for Application #10/035,987			
Patent Fee	Patent Maintenance Fee	Trademark Fee	Other Fee
Application No.	Application No.	Serial No.	IDON Customer No. 399545
Patent No.	Patent No.	Registration No.	
Attorney Docket No.		Identify or Describe Mark	

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